

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT'S

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5	/						55	/					
6							56						
7							57						
8							58						
9							59						
10							60						
11							61	/					
12	/						62	/	/				
13	/						63		/				
14		/					64						
15		/					65		/				
16		/					66						
17	/						67	/					
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71		/				
22		/					72	/					
23	/						73		/				
24		/					74		/				
25	/						75		/				
26		/					76		/				
27	/						77	/					
28	/						78						
29	/						79						
30		/					80						
31	/						81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38	/						88						
39	/						89						
40	/						90						
41	/						91						
42	/						92						
43		/					93						
44		/					94						
45							95						
46		/					96						
47		/					97						
48		/					98						
49							99						
50		/					100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	15						TOTAL CLAIMS						